

EAST DEVON DISTRICT COUNCIL

Minutes of a meeting of the Scrutiny Committee held at Knowle, Sidmouth on 22 June 2017

Attendance list at end of document

The meeting started at 6.02pm and ended at 8.49pm. Cllr Maddy Chapman acted as Vice Chairman for the meeting, in the absence of Cllr Alan Dent.

***1 Public speaking**

Mr Paul Arnott requested that the committee consider their capacity to consider the role of the Returning Officer in the process of all elections. He listed a number of issues in the election process and made reference to the issue of postal votes at the most recent Parliamentary election without an official mark. He made reference to media reports and a report by the Electoral Commission which he felt warranted the committee to examine the process. The Chairman agreed to consider this request under item 10 of the Scrutiny Forward Plan.

Other public speakers present requested to speak before item 8 on the agenda relating to the NEW Devon CCG decision on inpatient beds.

***2 Minutes**

The minutes of the Scrutiny Committee held on the 9 May 2017 were confirmed and signed as a true record.

***3 Declarations of interest**

Councillor Cherry Nicholas declared a personal interest for minute 5: her son works for the NEW Devon CCG.

***4 Matters of urgency**

The Acting Vice Chairman commented on the valuable training presentation that had been provided the previous evening, on modern day slavery. She raised a concern that no council officers were present at that meeting, and would discuss further under item 10 Scrutiny Forward Plan what further work needed to be undertaken.

***5 NEW Devon CCG decision on inpatient beds consolidation**

The Chairman welcomed Dr Simon Kerr, who currently chairs the Eastern Locality of the NEW Devon CCG; and John Finn, Deputy Chief Operating Officer for Planned Care and Programmes, who was attending on behalf of Rob Sainsbury.

Mr Finn briefly outlined the CCG view, following their attendance at the Health and Adult Care Scrutiny Committee of Devon County Council (HACSC), that the CCG had presented the necessary evidence in the consultation documents; and that agreement had been made at that meeting on 19 June 2017 that the CCG would work with the HACSC with a further meeting scheduled for the end of July. He reiterated the financial challenges facing the NHS and acknowledged that they had to make unpopular choices, but it was no longer possible to ring fence elements of the service; however no bed closures would be made until the new method of care was in place.

Dr Kerr briefly outlined the work currently being undertaken through reference meetings that were drawing up the implementation process, and the work of the implementation

assurance panel in assessing the impact the changes would have, along with a check on the gateway questions as set out in the business case.

Martin Shaw, Devon County Councillor for Seaton, spoke about the evidence provided for the decision made. He felt that this was inadequate, in particular in relation to the ageing population, and he circulated some data for the committee to illustrate this. There was also no clear link to estates management. Evidence from constituents indicated that implementation was already underway as hospital beds were being run down. The late change from closures at Sidmouth to Seaton also needed to be questioned, as this impacted on a wide area of the District, including Axminster who had been given assurance that their hospital bed closures would be managed by the retained beds at Seaton.

Gillian Prichett, a resident of Honiton, expressed her view that the care at home method does not work. She outlined the detail of her mother's case, and explained the impact of the use of carers and the shortage of such carers. She felt there needed to be a more robust model. She also stated that she felt implementation had already begun and was dissatisfied with how the HACSC had dealt with the issue on the 19 June.

Stephen Craddock a member of the Hospital Services Honiton Steering group, stated he felt disillusioned with the political process after witnessing the HACSC meeting on 19 June. He also commented that he felt there was inadequate evidence for the decision, and felt the impact for future years was severe. He commented on the lost battle to retain Honiton hospital beds, but asked if the CCG could consider the provision of other services in the space at Honiton that the removal of those beds had created, therefore relieving some of the pressure on RD & E.

Paul Arnott, speaking as a resident of Colyton, questioned whether the financial savings that the CCG had quoted could be made with the move to a new model of care. He recounted his own experiences in medical care and told the committee that avoiding muscle wastage required occupational and physical therapy, not care at home. He stated that local doctors vehemently opposed the decision.

The Chairman requested to hear from local ward members before opening debate for the committee. They raised the following points:

- Consultation should be undertaken at a formative stage, and as wide ranging as possible;
- Advice and guidance from a number of professional sources, including local GPs, was being ignored by the CCG;
- Evidence suggested that referrals were deliberately cut to show low occupancy of targeted hospitals for bed closure;
- No clear evidence of clinical results of the proposed new model of care;
- The proposed changes were disrespectful to the elderly; money spent on nursing agencies would be better invested into convalescent homes;
- The CCG should look to the local community to help develop solutions for future care;
- Patients actively sought community hospitals in preference to being at Exeter, particularly because of transport issues;
- The proposals presented a short term strategy and would fail in the medium to long term.

The Chairman of the Council spoke with regard to the decision to close beds at Seaton, with an Axminster perspective. He, among others, had considered carefully the

data presented and believed the decision is still not supported by a balanced examination of the inequality decision criteria, contained in JSNA profiles, that the CCG confirmed had been used.

The main weakness in the data was that some areas of population were not included in the comparison despite being close by and which were placed in Seaton Town in the Devon JSNA Community Profile 2016. Axminster was also not included. This is surprising given that on more than one occasion the CCG and NDHT declared during the consultation on the closure of the Axminster Hospital beds that Axminster had not lost these beds; they had instead been relocated to Seaton.

The Axe Valley Hub Steering Committee, of which the Chairman of the Council is a member, has been asked to lend its weight to a Judicial Review against the decision to close Seaton beds. However, in spite of the concerns about the veracity of the data used to form the decision, the Steering Committee have decided not to do so, as they believe that scarce NHS resources should not have to be used to defend this decision. Instead, the Steering Committee want to see all available resources being committed to the Axe Valley to support the introduction of the New Model of Care.

During a workshop attended by members of the Steering Group at Seaton Hospital, a number of areas of concern were identified – not least end of life care in the Axe Valley. This is particular relevant given the ageing population of this part of Devon. An ageing population affects the whole of the County but the 2016 ONS figures for the 29 Devon Market and Coastal Towns describe Seaton as having the biggest proportion of people aged 65 and over at 40% and Axminster equal third with 31%, contrasting with a Devon town average of only 25%. In addition to the concentration of ageing people in the Axe Valley it has been acknowledged that Axminster, given its geographical location, requires additional attention as part of implementation planning for the changes.

The Steering Group believe that the Hub (more recently referred to a Health and Wellbeing Centre) is vital to the delivery of the new model of care for the community and planning has been under way for the past 18 months to make this a reality. Despite NDHT declaration of support for the Hub initiative, there has been no real progress to date. However, with the contract having passed to RD&E they are now more confident in the successful development of the Hub which could provide a dedicated comprehensive assessment facility, based in Axminster, to inform the single point of access and rapid response concept. The retention of inpatient beds in Seaton is central to this concept. The Group had a meeting recently with Angela Pedder and Neil Parish, who in particular has shown great interest in and is lending his support to the establishment of the Hub.

The committee then questioned the CCG representatives, including:

- How many additional staff would be required to deliver the new model of care? In response, Mr Finn explained that the RD&E, as provider, will present to the CCG what level of staff would be required but this figure was not known at present and he could not give the Chairman any indication of the scale of staff, other than that it would be more than the current level;
- In response to a supplementary question on this, in how costs could be accurately calculated for the new model of care if staffing levels were not known, Mr Finn responded that the model in use at North Devon provided evidence of the cost;

- Staffing was already an issue for health services with national shortages. The Chairman asked the CCG if it was confident that the necessary number of staff for the care at home package could be recruited, particularly in view of Brexit. He quoted a report that showed that the number of European Union nurses coming to work in the UK had fallen by 96% post Brexit (1,304 in July 2016; 46 in April 2017); Dr Kerr commented that the work of their reference group and implementation assurance panel would check to ensure that enough staff were in place before implementation;
- Evidence of four cases of discharge of patients with no package of care in place was presented to the CCG representatives; Mr Finn advised he would need details of those individuals to look into why that had occurred;
- Examples of the benefits of implementing the new model were requested; in response Dr Kerr outlined the community connect telephone service that was already in operation whereby a GP or community nurse could expect a response in two hours. He explained that additional community nurses and therapists were already in place;
- In response to concerns raised about time permitted to carers per patient, from personal experience, Dr Kerr reiterated that the current system needed to change as it would only get worse and increase the risk to patients; the new model would free up resource to provide the new model of care;
- The Chairman questioned the figure quoted of 64% of community beds where patients could be looked after at home, when another published figure was 47%. In response, Dr Kerr explained that the 47% was a figure calculated by the Northern Devon Healthcare Trust; the RD&E on as the current provider had calculated 64% on their audit;
- The Chairman and others asked questions relating to the use of carers, including the percentage of patients who would be able to be cared for in the community. Members felt that the care at home model and the use of carers were inextricably linked, and that models used elsewhere would not reflect the rural issues faced by carers of travel times and costs. Despite these questions being pursued, the CCG representatives would not respond on those questions as they deemed these related to the provision of social care provided by Devon County Council (DCC) and therefore should be responded to by them, not the CCG. They did confirm that they work closely with their partners at DCC and were confident that the county had stringent checks in place for carer services provided, including those from private contractors;
- Evidence of implementation already underway had been provided by a number of constituents to their ward members, and therefore considerable indignation at the response that the representatives were not aware of deliberate actions to prevent bed usage at the hospitals set for bed closures;
- In response to a question about what happens to those hospitals once the beds are removed, Mr Finn responded that there was no list of hospital closures – if a property became surplus, it had to be signed off by the CCG as being so. In pushing this point, the Chairman sought to establish, at the point that the CCG made this determination who they informed. Mr Finn could not respond but did state that he would check and report back.

At the end of the debate, Dr Kerr reiterated that current care levels would only get worse if no action was taken, and that no beds would be closed until implementation was confirmed as safe and in place to deploy.

RESOLVED that:

1. The Committee reiterates its strongly held view that the existing level of community hospital beds in East Devon should be retained, and that there should be no further closure of community hospitals in East Devon;
2. The Committee expresses its great concern at the proposed drastically reduced level of hospital beds in East Devon, particularly in view of general population growth projections, and projected increases in the population of elderly people - already some of the highest levels in the country;
3. The Committee is greatly concerned that the NEW Devon CCG decision, if implemented, would result in no community hospital beds east of Sidmouth, which would leave residents in a huge swathe of rural East Devon remote from the nearest hospital facility and with poor public transport connections to the nearest hospital;
4. The Committee is greatly concerned that evidence of satisfactory replacement care services, and detailed financial costings, has not been provided by NEW Devon CCG, despite being requested to provide such information by the Devon County Council Health and Wellbeing Scrutiny Committee on 7 March 2017, and by East Devon District Council Scrutiny Committee on 24 November 2016;
5. the Committee is greatly concerned that NEW Devon CCG appears determined to press ahead with closure of beds and hospitals in east Devon, despite lack of evidence to justify closure and establishment of care at home services;
6. the Committee is still of the view that the comparison to Northern and Western Devon areas is unfair as the demographics are not the same in Eastern Devon;
7. the Committee agrees to write to the Devon County Council Health and Adult Care Scrutiny Committee, urging it to refer the NEW Devon CCG decision to the Secretary of State for Health, because of a lack of assurances or evidence of the practicality of the proposals;
8. the Committee agrees to write to the Devon County Council Health and Adult Care Scrutiny Committee, urging it to refer the NEW Devon CCG decision to the Secretary of State for Health, as a matter of urgency, as it is concerned that lack of early submission will result in NEW Devon CCG going ahead with its unpopular, unjustified and damaging proposals;
9. the Committee includes in that letter a reiteration of seeking from the CCG that other health services such as the Minor Injuries Unit and maternity unit in Honiton remain 'ring-fence' protected for a period of time to be determined, before review in 3 years.

The Chairman thanked Mr Finn and Dr Kerr for attending and answering questions; he also thanked the Committee for their robust debate.

***6 Quarterly monitoring of performance fourth quarter 2016/17**

The Committee considered the published report. Some council actions and performance indicators were highlighted by the Democratic Services Officer to the committee, including:

- To note the success of the first phase of the roll out of the new recycling and waste collection contract, with Exmouth recycling rate improving from 44% up to 60%; the committee would receive an update in September on the implementation of the full roll out;
- Beach Safety officer post showing as vacant would be filled from 3 July;
- Percentage of council tax collected has improved and exceeds target for the final quarter, following a slip below in target the previous quarter; the percentage of non-domestic rates collected has also improved to exceed target.
- Planning appeal decisions allowed against the authority's decision to refuse shows concern for last quarter. Work is already underway to assess what can be learnt from those and a report will go forward to the Strategic Planning Committee on this issue on 11 July, confirmed by the Chairman of Development Management who was present at the meeting. He outlined his views on why these anomalies had occurred, and assured the committee that appeal outcomes were reported back to the Development Management Committee to keep them up to date;
- Random vehicle checks have previously been flagged up as a perennial problem over the years and previously discussed at Scrutiny on a few occasions – this approach has now been revised to target specific vehicles of concern and the service is now fully staffed, leading to a dramatic improvement in performance;
- Percentage of other planning applications determined within 8 weeks – showing improvement and some notes there on improvements to the service being trialled – The Service Lead for Planning Strategy and Development Management is due to come to the committee with the improvements report;
- Red indicator for days taken to process housing/council tax benefit new claims and change events – month of March has seen high volume of calls to service, following sending out of bills and housing benefit letters, which then impacts on the team capacity to process claims. Steps are taken every year to prepare for this busy time and the Council continues to be one of the top performers in dealing with claims in the country, but this has been flagged up for Cabinet to monitor and the staffing level at predicted busy times is under review;
- To note that the Thelma Hulbert Gallery has exceeded its target of 10,000 people to see the exhibitions – they have reached 11,684.

In addition, the Committee discussed concerns in light of the recent Grenfell fire; the Portfolio Holder for Sustainable Homes and Communities outlined work undertaken by the environmental health teams on council housing and the robust checks undertaken in tendering for work to such properties. Housing Review Board had received a report on this issue at their meeting on the 15 June 2017 and a review of such materials in social housing was in immediate effect.

7 Scrutiny Forward Plan

In response to the request by Mr Paul Arnott, the Solicitor present advised the committee that current legal assessment is that the remit of the Scrutiny Committee does not extend to Parliamentary elections, which is the remit of the Electoral Commission. With District and Town/Parish elections being funded locally, there is scope for the committee to look at how local elections are run, but this needs to be a decision by the committee to decide:

1. if they want to scope that topic as being in the public interest to do so, and
2. what reasons there are for reviewing how they are conducted.

The Chief Executive has already indicated that there are two priority areas he is addressing following the Parliamentary Elections – firstly to ensure that the elections team get back to a

full staffing level; and secondly to review the delineation of the polling places and provide clear guidance on where campaigning can and cannot take place on the day of poll. He will report to Cabinet on this in due course, so there is an opportunity for the Scrutiny Committee to look at any decision made by Cabinet on that review.

In discussions the Committee made reference to some examples of the process that they had experienced and felt that it was right to put the subject to scope for the local elections, particularly because there had been complaints about the postal vote issue on two elections. The Democratic Services Officer asked for committee members to provide her with evidence to support the examples given, which would be considered in the scoping process.

Members also felt that a follow up report on modern day slavery, in terms of how officers of the council may discover such slavery, and how they should report it, should go to their next meeting in July.

Broadband and mobile phone coverage would be added and remain as a standing item, scheduled in as and when progress had occurred to report.

The Chairman reminded members that the next meeting in July would cover the East Devon Citizens Advice work.

Other topics suggested at the previous meeting were still to be scoped and a report will be made back to the committee on what topics could proceed.

RECOMMENDED to Cabinet that the Chief Executive's pending report to Cabinet on his two priority areas after the Parliamentary Election includes explanation of the postal vote issue of 25 May 2017 that did not have an official security mark visible on the front of the ballot paper.

RESOLVED to scope a review of the election process for local elections; add a follow up report on Modern Day Slavery to the July meeting; and retain Broadband and mobile phone coverage as a standing item on the Scrutiny Forward Plan.

Attendance list (present for all or part of the meeting):

Scrutiny Members present:

Roger Giles
Dean Barrow
Maddy Chapman
Bruce de Saram
Simon Grundy
Cherry Nicholas
Val Ranger
Marianne Rixson
Eleanor Rylance

Other Members

Megan Armstrong
David Barratt
John Dyson
Peter Faithfull

Geoff Jung
Brian Bailey
Mike Howe
Iain Chubb
Andrew Moulding
Paul Carter
Mark Evans-Martin
Dawn Manley
Helen Parr
Mike Allen
Ben Ingham
Susie Bond

Officers present:

Giles Salter, Solicitor
Debbie Meakin, Democratic Services Officer

Apologies:

Alan Dent
Bill Nash
Cathy Gardner
John O'Leary
Tom Wright
Stuart Hughes
Phil Twiss

Chairman Date.....